



RECEIVED

JAN 12 1994

Technical & Transportation Services  
Environmental Services

AIR TOXICS AND RADIATION  
BRANCH

January 7, 1994

U.S. EPA, REGION V

Body & Assembly Operations

Rochelle Marceillars  
Air Toxics and Radiation Branch (5AT-26)  
Air and Radiation Division  
U. S. EPA, Region V  
230 S. Dearborn  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Asbestos Notification Coordinator  
Air Quality Division  
Michigan DNR  
P.O. Box 30028  
Lansing, MI 48090

Wayne County Health Department  
Air Pollution Control Division  
Suite 700, 640 Temple  
Detroit, MI 48201

If Sent Pursuant to: NESHA, 40 CFR Part 81, Subpart M

MAIL TO: ASBESTOS NOTIF. COOR. AND U.S. EPA REG. V  
DNR, AIR QUALITY DIV. SAC-26-1 Asb. Coord.  
P.O. Box 30028 230 S. Dearborn  
Lansing, MI 48909 Chicago, IL 60604

For Projects in Wayne County Send Notice To:  
Wayne Co. Health Dept. Air Pollution Control Division  
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program  
3423 N. Logan St., P.O. Box 30195  
Lansing, MI 48909

**DNR/MDPH USE ONLY**

Xerox to \_\_\_\_\_ Fax to: \_\_\_\_\_  
Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
Contr Insp. This Fy \_\_\_\_\_ Notific. Rev'd OK \_\_\_\_\_ Send Def Letter: \_\_\_\_\_  
Def. Letter Sent: \_\_\_\_\_ Resp. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Entered on Def. Log: \_\_\_\_\_ Entered on Rec'd Log: \_\_\_\_\_  
FOLLOW UP Date: \_\_\_\_\_ Rev. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Notification # \_\_\_\_\_ Transaction # \_\_\_\_\_  
Comments: Spoke w/ \_\_\_\_\_

**Licensed Asbestos Abatement Contractors #**

Plumber \_\_\_\_\_ Mechanical \_\_\_\_\_ Builders \_\_\_\_\_  
Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_  
Electrical Lic. # \_\_\_\_\_ Licensing Authority \_\_\_\_\_

MDPH Asbestos Project Fee \_\_\_\_\_ Total Project Cost: \_\_\_\_\_  
(To obtain 1% Project Fee Multiply x 0.01  
total Project Cost by 0.01) 1% Project Fee: \_\_\_\_\_

**1. ABATEMENT CONTRACTOR**

Name Ford Motor Company  
Mailing Address 3001 Miller Rd., 106 CSB PH Rm 410  
City/State/Zip Dearborn, MI 48121  
Contact: Fred Vitale Phone: (313) 322-9016

**DEMOLITION CONTRACTOR**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**2. NAME OF FACILITY OWNER:**

Name Ford Motor Company  
Mailing Address 3001 Miller Rd.  
City/State/Zip Dearborn, MI 48121  
Contact: Fred Vitale Phone: (313) 322-9016

**PLEASE CHECK ALL THAT APPLY**

☒ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice  
☐ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice  
☐ DNR/EPA Emergency Renovation  
☐ DNR/EPA Demolition - 10 working days notice  
☐ DNR/EPA Ordered Demolition  
Date of Notification 1/7/94

Date of Revision (if applicable) \_\_\_\_\_

Is Asbestos Present? Yes ☐ No ☐  
Type of Notification ☐ Original ☐ Revised ☐ Cancelled

**3. FACILITY DESCRIPTION**

Building Name Powerhouse No. 1  
Street Address 3001 Miller Rd.  
City Dearborn County \_\_\_\_\_  
State MI Zip Code 48121 Age (In yrs) \_\_\_\_\_  
Site Location North pre-heater #1 boiler  
Building Size (sq ft) NA No. of floors NA  
Present Use Pre-air heater Prior Use Pre-air heater

**4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed**

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Nonfriable Asbestos Material Not Removed Category I	Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	200			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

**5. SCHEDULED DATES:**

Asbestos Removal (Renovation)/Encapsulation  
Start: 1/24/94 End: 3/4/94

Demolition  
Start: \_\_\_\_\_ End: \_\_\_\_\_

**6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED** Remove ACM from north pre-heater of No. 1 boiler

**7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL** wet methods in conjunction with a full negative pressure containment will be used air monitoring will be done in accordance with OSHA regulations

**8. WASTE DISPOSAL SITE NAME:** Allen Park Clay Mine  
Street Address: 17005 Oakwood Blvd  
City/State/Zip: Allen Park, MI 48101

**9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Authority: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

MI - INSPECT

**NOTICE**  
**OF INTENT TO RENOVATE/DEMOLISH (continued)**

**9. Waste Transporter #1**

Name: Ford Transportation Services  
Address: 3001 Miller Rd  
City: Dearborn  
State/Zip: Michigan 48124  
Contact Person: Fred Vitale  
Phone: ( 313 ) 322-2016

**10. Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_

**1. For Emergency Renovations**

Date and hour of emergency: \_\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.** Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

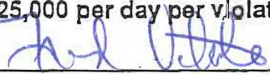
**13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:** \_\_\_\_\_  
A recent building asbestos survey identified this material as asbestos containing.  
Any questionable material will be resampled and analyzed.

**14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).**

  
(Signature of Owner/Operator)

1/7/94  
Date

**15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.**

  
(Signature of Owner/Operator)

1/7/94  
Date

**DNR/DPH USE ONLY**



RECEIVED  
JAN 26 1994

Technical and Transportation Services  
Environmental Services

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V  
Ford Motor Company  
3001 Miller Road, 106 CSB  
Dearborn, Michigan 48121

January 24, 1994

Rochelle Marceillars  
Air Toxics and Radiation Branch (5AT-26)  
Air and Radiation Division  
U. S. EPA, Region V  
230 S. Dearborn  
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company River Rouge Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

*Joseph D. Preece*  
J. D. Preece

copy to: Asbestos Notification Coordinator  
Air Quality Division  
Michigan DNR  
P.O. Box 30028  
Lansing, MI 48090

Wayne County Health Department  
Air Pollution Control Division  
Suite 700, 640 Temple  
Detroit, MI 48201





NOTIFICATION  
OF INTENT TO RENOVATE/DEMOLISH

If Sent Pursuant to: NESHAP, 40 CFR Part 61, Subpart M  
MAIL TO: ASBESTOS NOTIFIC. COOR. AND U.S. EPA REG. V  
DNR, AIR QUALITY DIV. 5AC-26-1 Asb. Coor.  
P.O. Box 30028 230 S. Dearborn  
Lansing, MI 48909 Chicago, IL 60604

For Projects in Wayne County Send Notice To:  
Wayne Co. Health Dept. Air Pollution Control Division  
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program  
3423 N. Logan St., P.O. Box 30195  
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to \_\_\_\_\_ Fax to: \_\_\_\_\_  
Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
Cont'r Insp. This Fy \_\_\_\_\_ Notific. Rev'd OK \_\_\_\_\_ Send Def Letter: \_\_\_\_\_  
Def. Letter Sent: \_\_\_\_\_ Resp. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Entered on Def. Log: \_\_\_\_\_ Entered on Rec'd Log: \_\_\_\_\_  
FOLLOW UP Date: \_\_\_\_\_ Rev. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Notification # \_\_\_\_\_ Transaction # \_\_\_\_\_  
Comments: Spoke w/ \_\_\_\_\_

MDPH Asbestos Project Fee Total Project Cost: \_\_\_\_\_  
(To obtain 1% Project Fee Multiply x 0.01  
total Project Cost by 0.01) 1% Project Fee: \_\_\_\_\_

Licensed Asbestos Abatement Contractors #

Plumber \_\_\_\_\_ Mechanical \_\_\_\_\_ Builders \_\_\_\_\_  
Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_  
Electrical Lic. # \_\_\_\_\_ Licensing Authority \_\_\_\_\_

1. ABATEMENT CONTRACTOR

Name Ford Motor Company  
Mailing Address 3001 Miller Rd, 106 CSB  
City/State/Zip Dearborn, MI 48121  
Contact: J. D. Preece Phone: (313) 323-0883

DEMOLITION CONTRACTOR

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. NAME OF FACILITY OWNER:

Name Ford Motor Company  
Mailing Address 3001 Miller Rd, 106 CSB  
City/State/Zip Dearborn, MI 48121  
Contact J. D. Preece Phone: (313) 323-0883

PLEASE CHECK ALL THAT APPLY

☐ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice  
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice  
☐ DNR/EPA Emergency Renovation  
☐ DNR/EPA Demolition - 10 working days notice  
☐ DNR/EPA Ordered Demolition  
Date of Notification \_\_\_\_\_  
Date of Revision (if applicable) \_\_\_\_\_  
Is Asbestos Present? Yes ☒ No ☐  
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Dearborn Glass Plant  
Street Address 3001 Miller Rd.  
City Dearborn Ftr/Rm No. \_\_\_\_\_  
State MI County Wayne  
Zip Code 48121 Age (in yrs) 70  
Site Location Dearborn - Rouge Complex  
Building Size (sq ft) N/A No. of floors N/A  
Present Use 1st Fl Lehr Prior Use 1st Fl Lehr

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Asbestos Material Not Removed Category I	Nonfriable Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	576			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation  
Start: 2/5/94 End: 2/6/94

Demolition  
Start: \_\_\_\_\_ End: \_\_\_\_\_

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED ACM will be removed from the Lehr located on the first floor of the Glass Plant.

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations

8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine 9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY  
Street Address: 17005 Oakwood Blvd Name: \_\_\_\_\_ Title: \_\_\_\_\_  
City/State/Zip: Allen Park, MI 48101 Authority: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

MI-105850

**NOTICE  
OF INTENT TO RENOVATE/DEMOLISH (continued)**

**9. Waste Transporter #1**

Name: Ford Transportation Services  
Address: 3001 Miller Rd  
City: Dearborn  
State/Zip: Michigan 48121  
Contact Person: J. D. Preece  
Phone: ( 313 ) 323-0883

**10. Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_

**11. For Emergency Renovations**

Date and hour of emergency: \_\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: \_\_\_\_\_  
A recent building asbestos survey identified this material as asbestos containing.  
Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

Joseph D. Preece  
(Signature of Owner/Operator)

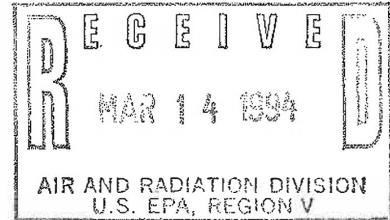
1/24/94  
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

Joseph D. Preece  
(Signature of Owner/Operator)

1/24/94  
Date

**DNR/DPH USE ONLY**



**Body & Assembly Operations**

**Technical & Transportation Services  
Power and Utility Operations**

March 11, 1994

Rochelle Marceillars  
Air Toxics and Radiation Branch (5AT-26)  
Air and Radiation Division  
U. S. EPA, Region V  
230 S. Dearborn  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Asbestos Notification Coordinator  
Air Quality Division  
Michigan DNR  
P.O. Box 30028  
Lansing, MI 48090

Wayne County Health Department  
Air Pollution Control Division  
Suite 700, 640 Temple  
Detroit, MI 48201

If Sent Pursuant to: NESHA, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND  
DNR, AIR QUALITY DIV.  
P.O. Box 30028  
Lansing, MI 48909

U.S. EPA REG. V  
SAC-26-1 Asb. Coord.  
230 S. Dearborn  
Chicago, IL 60604

For Projects In Wayne County Send Notice To:  
Wayne Co. Health Dept. Air Pollution Control Division  
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program  
3423 N. Logan St., P.O. Box 30195  
Lansing, MI 48909

**DNR/MDPH USE ONLY**

Xerox to \_\_\_\_\_ Fax to: \_\_\_\_\_  
Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
Contr Insp. This FY \_\_\_\_\_ Notific. Rev'd OK \_\_\_\_\_ Send Def Letter: \_\_\_\_\_  
Def. Letter Sent: \_\_\_\_\_ Resp. Due: \_\_\_\_\_ Attd: \_\_\_\_\_  
Entered on Def. Log: \_\_\_\_\_ Entered on Rec'd Log: \_\_\_\_\_  
FOLLOW UP Date: \_\_\_\_\_ Rev. Due: \_\_\_\_\_ Attd: \_\_\_\_\_  
Notification # \_\_\_\_\_ Transaction # \_\_\_\_\_  
Comments: Spoke w/ \_\_\_\_\_

**Licensed Asbestos Abatement Contractors #**

Plumber \_\_\_\_\_ Mechanical \_\_\_\_\_ Builders \_\_\_\_\_  
Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_  
Electrical Lic. # \_\_\_\_\_ Licensing Authority \_\_\_\_\_

MDPH Asbestos Project Fee \_\_\_\_\_ Total Project Cost: \_\_\_\_\_  
(To obtain 1% Project Fee Multiply \_\_\_\_\_ x 0.01  
total Project Cost by 0.01) 1% Project Fee: \_\_\_\_\_

**1. ABATEMENT CONTRACTOR**

Name Ford Motor Company  
Mailing Address 3001 Miller Rd, 106 CSB  
City/State/Zip Dearborn, MI 48121  
Contact: F. Vitale Phone: (313) 322-9016

**DEMOLITION CONTRACTOR**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**2. NAME OF FACILITY OWNER:**

Name Ford Motor Company  
Mailing Address 3001 Miller Rd,  
City/State/Zip Dearborn, MI 48121  
Contact \_\_\_\_\_ Phone: 313

**PLEASE CHECK ALL THAT APPLY**

☒ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice  
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice  
☐ DNR/EPA Emergency Renovation  
☐ DNR/EPA Demolition - 10 working days notice  
☐ DNR/EPA Ordered Demolition  
Date of Notification 3/11/94

Date of Revision (if applicable) \_\_\_\_\_  
Is Asbestos Present? Yes ☒ No ☐  
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

**3. FACILITY DESCRIPTION**

Building Name Power & Utility Operations - Powerhouse  
Street Address 3001 Miller Rd.  
City Dearborn Flr/Rm No. \_\_\_\_\_  
State MI County Wayne  
Zip Code 48121 Age (In yrs) 75  
Site Location \_\_\_\_\_  
Building Size (sq ft) \_\_\_\_\_ No. of floors 7  
Present Use powerhouse Prior Use powerhouse

**4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed**

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Nonfriable Asbestos Material Not Removed Category I	Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	<u>300</u>			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

**5. SCHEDULED DATES:**

Asbestos Removal (Renovation)/Encapsulation  
Start: 4/18 End: 7/18/94

Demolition  
Start: \_\_\_\_\_ End: \_\_\_\_\_

**6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED** Remove A.C.M. from duct work, floor of ceiling and old ceiling of locker, water dept. and lunch room areas.

**7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL** wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

**8. WASTE DISPOSAL SITE NAME:** Allen Park Clay Mine  
Street Address: 17005 Oakwood Blvd  
City/State/Zip: Allen Park, MI 48101

**9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Authority: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

MI - INSPECT



NOTICE  
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services  
Address: 3001 Miller Rd  
City: Dearborn  
State/Zip: Michigan 48121  
Contact Person: F. Vitale  
Phone: ( 313 ) 322 9016

10. Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_

11. For Emergency Renovations


Date and hour of emergency: \_\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

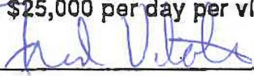
13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: \_\_\_\_\_  
A recent building asbestos survey identified this material as asbestos containing.  
Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

  
(Signature of Owner/Operator)

3/11/94  
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

  
(Signature of Owner/Operator)

3/11/94  
Date

**DNR/DPH USE ONLY**



RECEIVED  
AUG 19 1994

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

Body & Assembly Operations

Technical & Transportation Services  
Power and Utility Operations

August 12, 1994

U.S. EPA, Region 5  
AT-18J, Asbesto Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal of asbestos during two renovation projects at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 8/5/94  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

## Please check all that apply:

### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff- 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 9/2/94 End Date: 9/30/94  
 + Demolition: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours  
 Asb. Removal: Mon-Fri 4-12 pm  
 Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>15</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1  
 Location Address: 3001 Miller Rd.

Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: 2  
 Age: \_\_\_\_\_ Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_  
 Specific Location(s) Within Facility: Expansion unit  
D-W Corridor 1-p. Distribution line

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Serv.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dbrn., MI 48121  
 Phone: (313) 322-9016 ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_



# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

removed and placed in bags or into the loader and then into bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature]    8/15/97  
Signature of Owner or Abatement Contractor    Date

[Signature]    8/15/97  
Signature of Owner or Demolition Contractor    Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature]  
Signature of Building Owner or Lessee

\_\_\_\_\_  
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

**NESHAP Projects in Wayne Co.:**

Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

**AND** U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909    (517) 335-9482



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1985, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_  
 Electrical: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 8/15/94 U.S. EPA, REGION VI  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

## Please check all that apply:

### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 9/2/94 End Date: 10/6/94  
 + Demolition: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours  
 Asb. Removal: Mon - Fri 8 hours / 12-4pm  
 Demolition: \_\_\_\_\_  
 Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>350</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse-Boiler #3  
 Location Address: 3001 Miller Road  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: 3  
 Age: 70 Present Use: Boiler Prior Use: Boiler  
 Specific Location(s) Within Facility: Boiler #3 - west side balcony

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Serv.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dtn., MI 48121  
 Phone: (313) 322-9016 ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☐ Piping    ☐ Fittings    ☒ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, or placed in vac-loader and placed in bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature]

8/15/94

Signature of Owner or Abatement Contractor

[Signature]

8/15/94

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet or 15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature]

8/15/94

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

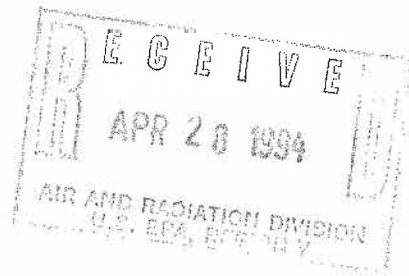
Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

AND U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909 (517) 335-9482



**Body & Assembly Operations**

**Technical & Transportation Services  
Power and Utility Operations**

April 25, 1994

Rochelle Marceillars  
Air Toxics and Radiation Branch (5AT-26)  
Air and Radiation Division  
U. S. EPA, Region V  
230 S. Dearborn  
Chicago, Illinois 60604

**Subject: Notification of Emergency Removal of Asbestos During a Renovation Project**

We are providing information related to the removal and encapsulation of asbestos during an emergency renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. Wayne County Air Pollution Control was notified by telephone at 2:15 p.m. on Friday April 22, before the emergency renovation occurred.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Asbestos Notification Coordinator  
Air Quality Division  
Michigan DNR  
P.O. Box 30028  
Lansing, MI 48090

Wayne County Health Department  
Air Pollution Control Division  
Suite 700, 640 Temple  
Detroit, MI 48201

NOTIFICATION  
OF INTENT TO RENOVATE/DEMOLISH

If Sent Pursuant to: NESHAP, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND  
DNR, AIR QUALITY DIV.  
P.O. Box 30028  
Lansing, MI 48909

U.S. EPA REG. V  
SAC-26-1 Asb. Coor.  
230 S. Dearborn  
Chicago, IL 60604

For Projects In Wayne County Send Notice To:

Wayne Co. Health Dept. Air Pollution Control Division  
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program  
3423 N. Logan St., P.O. Box 30195  
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to \_\_\_\_\_ Fax to: \_\_\_\_\_  
Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
Contr Insp. This Fy \_\_\_\_\_ Notfic. Rev'd OK \_\_\_\_\_ Send Def Letter: \_\_\_\_\_  
Def. Letter Sent: \_\_\_\_\_ Resp. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Entered on Def. Log: \_\_\_\_\_ Entered on Rec'd Log: \_\_\_\_\_  
FOLLOW UP Date: \_\_\_\_\_ Rev. Due: \_\_\_\_\_ Att'd: \_\_\_\_\_  
Notification # \_\_\_\_\_ Transaction # \_\_\_\_\_  
Comments: Spoke w/ \_\_\_\_\_

MDPH Asbestos Project Fee \_\_\_\_\_ Total Project Cost: \_\_\_\_\_  
(To obtain 1% Project Fee Multiply x 0.01  
total Project Cost by 0.01) 1% Project Fee: \_\_\_\_\_

Licensed Asbestos Abatement Contractors #

Plumber \_\_\_\_\_ Mechanical \_\_\_\_\_ Builders \_\_\_\_\_  
Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_ Lic. # \_\_\_\_\_  
Electrical Lic. # \_\_\_\_\_ Licensing Authority \_\_\_\_\_

1. ABATEMENT CONTRACTOR

Name Ford Motor Company  
Mailing Address 3001 Miller Rd, 106 CSB  
City/State/Zip Dearborn, MI 48121  
Contact: \_\_\_\_\_ Phone: (313) \_\_\_\_\_

DEMOLITION CONTRACTOR

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. NAME OF FACILITY OWNER:

Name Ford Motor Company  
Mailing Address 3001 Miller Rd,  
City/State/Zip Dearborn, MI 48121  
Contact Fred Vitale Phone: 313: 322 9016

PLEASE CHECK ALL THAT APPLY

☐ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice  
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice  
☐ DNR/EPA Emergency Renovation  
☐ DNR/EPA Demolition - 10 working days notice  
☐ DNR/EPA Ordered Demolition  
Date of Notification 4/25/94  
Date of Revision (if applicable) \_\_\_\_\_  
Is Asbestos Present? Yes ☒ No ☐  
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Powerhouse No. 1  
Street Address 3001 Miller Rd.  
City Dearborn Fir/Rm No. \_\_\_\_\_  
State MI County Wayne  
Zip Code 48121 Age (in yrs) 70  
Site Location Boiler #7 tubes  
Building Size (sq ft) N/A No. of floors N/A  
Present Use Boiler #7 tubes Prior Use Boiler #7 tubes

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Nonfriable Asbestos Material Not Removed Category I	Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	15			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation  
Start: 4/23 End: 4/23

Demolition  
Start: \_\_\_\_\_ End: \_\_\_\_\_

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED

Remove ACM from tubes in #7 Boiler to repair leak

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL

Wet methods. In conjunction with a full negative pressure containment will be used.

8. WASTE DISPOSAL SITE NAME:

Street Address: Allen Park Clay Mine  
17005 Oakwood Blvd  
City/State/Zip: Allen Park, MI 48101

9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Authority: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

M1-4



NOTICE  
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services  
Address: 3001 Miller Rd  
City: Dearborn  
State/Zip: Michigan 48121  
Contact Person: \_\_\_\_\_  
Phone: ( 313 ) \_\_\_\_\_

10. Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_

I. For Emergency Renovations

Date and hour of emergency: 4/22 2:00 pm

Description of the sudden, unexpected event: Boiler #7 had been down for renovation. Upon completion of the renovation a leak was discovered in the super heat tubes through air testing. Repair of the leak required removal of the asbestos covering the damaged tube.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

The boiler is scheduled to go on-line 4/29. To delay the asbestos removal & the repair of the leak for the 2 week notification would alter significantly the scheduled downtime of boilers & maintenance for the rest of the year. The delay is potentially unsafe for employees and could cause equipment damage.

2. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up

3. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: \_\_\_\_\_

A recent building asbestos survey identified this material as asbestos containing. Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

Jack Utala  
(Signature of Owner/Operator)

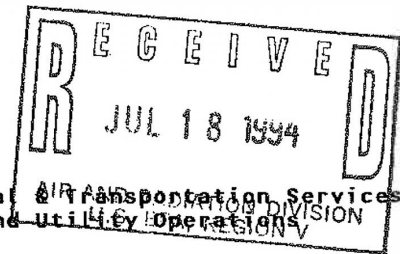
4/25/94  
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

Jack Utala  
(Signature of Owner/Operator)

4/25/94  
Date

DNR/DPH USE ONLY



Body & Assembly Operations

Technical & Transportation Services  
Power and Utility Operations

July 13, 1994

U.S. EPA, Region 5  
AT-18J, Asbesto Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 7-13-94  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

## Please check all that apply:

### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 7-27-94 End Date: 9-8-94  
 + Demolition: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week: Mon-Fri Work Hours: 8:30-12pm

Asb. Removal: \_\_\_\_\_ Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>600</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
<u>160</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. 453

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse - Lake Orens  
 Location Address: 3001 Miller Rd. Tunnel

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) 5000 No. of Floors: NA Floor No.: NA

Age: 75 Present Use: tunnel Prior Use: tunnel

Specific Location(s) Within Facility: xx tunnel between

xx Bldg & Powerhouse from 2 service lines

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Serv.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dtn., MI 48121  
 Phone: (313) 322-9016

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☒ Tunnel(s)    ☐ Ceiling Tile(s)  
☒ Other: (describe) floor

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, removed from floor and placed in bags.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (if partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations. All 3 entrances will be sealed. High-Fan and VAC loader will be used.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Fred Vitale

Signature of Owner or Abatement Contractor

7/13/94

Date

Fred Vitale

Signature of Owner or Demolition Contractor

7/13/94

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet or 15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Fred Vitale

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

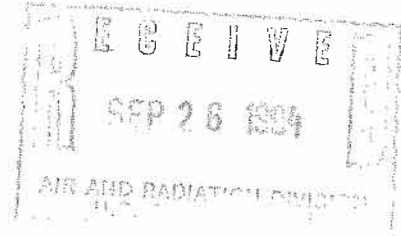
AND

U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909 (517) 335-9482





**Body & Assembly Operations**

**Technical & Transportation Services  
Power and Utility Operations**

September 23, 1994

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing a revision notification related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification is included with the revisions noted.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
FOLLOW UP: \_\_\_\_\_ Spoke w/: \_\_\_\_\_  
Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

(Total Project Cost) x 0.01 = (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Mechanical: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 8/15/94 9/23/94  
Date of Revision(s): \_\_\_\_\_  
Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

- MDPH**  
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: 9/23/94  
End Date: 9/30/94  
+ Asb. Removal: Start Date: 9/21/94 10/13/94  
End Date: 10/16/94 10/22/94  
+ Demolition: Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Encapsulation: Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Asb. Removal: Days of the Week Mon - Fri Work Hours 8 hours / day 4-12pm

Demolition: \_\_\_\_\_  
Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>350</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces)

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse-Boiler #3

Location Address: 3001 Miller Road

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: 3

Age: 70 Present Use: Boiler Prior Use: Boiler

Specific Location(s) Within Facility: Boiler #3 - west side  
boiler

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill

Location Address: 17005 Oakwood Blvd.

City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Serv.

Address: 3001 Miller Rd.

City/State/Zip: Dbn., MI 48121

Phone: (313) 322-9016 ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**11. PROJECT DESCRIPTION**

a) Renovation: Indicate the surfaces RACM will be removed from.

☐ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, or  
placed in vac-loader and placed in bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (if partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

8/15/94  
Date

Signature of Owner or Demolition Contractor

8/15/94  
Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  
Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

8/15/94

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

**MAILING ADDRESSES:** (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,  
40 CFR, Part 61,  
Subpart M

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

U.S. EPA, Region 5  
AND AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

(517) 335-9482



Body & Assembly Operations

**RECEIVED**  
OCT 28 1994

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

October 25, 1994

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of an Emergency Removal of Asbestos -- Revision of the  
October 13, 1994 Planned Renovation**

We are providing information related to the emergency removal of asbestos during a renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification was send October 13, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fred Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHA, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 10-13-94  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

#### MDPH

- ☐ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☒ Emergency Renovation/Encapsulation  
 NESHA (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☒ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 10/31/94 End Date: 11/26/94  
 + Demolition: Start Date: 11/8/94 End Date: 11/27/94  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours  
 Asb. Removal: Mon-Fri 7am-3:30pm  
 Demolition: Wed-Fri 12:00pm-12:00pm  
 Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
16				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
80				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse #1  
 Location Address: 3001 Miller Rd.  
Dearborn, MI 48121  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 282,000 No. of Floors: 1 Floor No.: 2  
 Age: 70 Present Use: Powerhouse Prior Use: Powerhouse  
 Specific Location(s) Within Facility: #5 Generator  
root steam valve & associated piping

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHA definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_



11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

<input checked="" type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tank(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input checked="" type="checkbox"/> Other: (describe) <u>Valve</u>			

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

<input checked="" type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tank(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input type="checkbox"/> Other: (describe)			

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12 Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: 10/24/92 11 am

Description of the sudden, unexpected event: A major high-pressure to low pressure steam valve become dysfunctional and forced forward this renovation.

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: The lack of back up equipment could cause Ford facilities shutdowns because they would have not be supplied low pressure steam.

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

<u>Jared Vitale</u> Signature of Owner or Abatement Contractor	<u>10/13/94</u> Date	 Signature of Owner or Demolition Contractor	 Date
---	-------------------------	---	----------

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

<u>Jared Vitale</u> Signature of Building Owner or Lessee	 Signature of Asbestos Abatement Contractor Representative
--	---

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

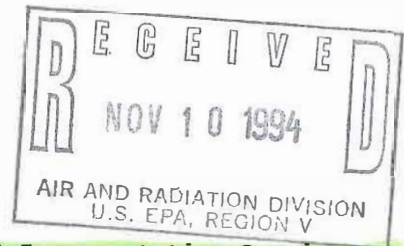
MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

<b>NESHAP,</b> 40 CFR, Part 61, Subpart M	Mail to: Asbestos Coord. DNR, AQD Town Center, Ste. B, #200 333 S. Capitol Lansing, MI 48933	<b>NESHAP Projects In Wayne Co.:</b> Wayne Co. Health Dept., APCD 640 Temple, Suite 700 Detroit, MI 48201	<b>U.S. EPA, Region 5</b> AND AT-18J, Asbestos Coord. 77 W. Jackson Blvd. Chicago, IL 60604
---	---	--	--

<b>Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended</b>	Mail to: MDPH, DOH-ASBESTOS PROGRAM. 3423 N. Logan/Martin L. King Jr. Blvd. P.O. Box 30195 Lansing, MI 48909	(517) 335-9482
---	---	----------------







**Body & Assembly Operations**

**Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121**

November 7, 1994

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the revision of two notices for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
 Div., NESHAP, 40 CFR Part 61, Subpart M  
 (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
 P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ OK ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 10/19/94  
 Date of Revision(s): 11/7/94  
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

MDPH  
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 11/1/94 11/28/94  
 End Date: 11/15/94 12/12/94  
 + Demolition: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours  
 Asb. Removal: Mon-Fri 8am-4pm  
 Demolition: \_\_\_\_\_  
 Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1  
 Location Address: 3001 Miller Road  
(see attached map)  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd  
 Age: 75yr Present Use: Powerhouse Prior Use: Powerhouse  
 Specific Location(s) Within Facility: 3rd floor, Balcony east side of Boiler #3

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

10/14/94  
Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

AND

U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

(517) 335-9482



# NOTIFICATION OF INTENT TO REMOVE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 10/19/94  
 Date of Revision(s): 11/7/94  
 Notification Type: ☐ Original ☒ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

- MDPH  
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

+ Asb. Removal: Start Date: 11/1/94 11/11/94

End Date: 11/7/94 11/18/94

+ Demolition: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Encapsulation: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Mon-Fri 8am-4pm

Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>16</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
<u>80</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1

Location Address: 3001 Miller Road

(see attached map)

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2nd

Age: 75 Present Use: Powerhouse Prior Use: Powerhouse

Specific Location(s) Within Facility: 5 generator back stop valve

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill

Location Address: 17005 Oakwood Blvd.

City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.

Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

11. PROJECT DESCRIPTION
a)Renovation: Indicate the surfaces RACM will be removed from.
Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):
c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

15. EMERGENCY RENOVATIONS: Date and hour of the emergency:
Description of the sudden, unexpected event:
Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.
Signature of Owner or Abatement Contractor
Date
Signature of Owner or Demolition Contractor
Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)
Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.
Signature of Building Owner or Lessee
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)
NESHAP, 40 CFR, Part 61, Subpart M
Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933
NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201
U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604
Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended
Mail to: MDPH,DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909
(517) 335-9482



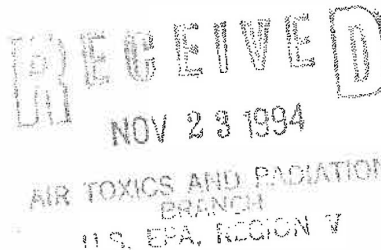


Body & Assembly Operations

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

November 21, 1994

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604



**Subject: Second Revision of Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the second revision of a notice for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994, first revised November 7, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
 DIV., NESHAP, 40 CFR Part 61, Subpart M  
 (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
 P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_

## Licensing Authority:

## 1. NOTIFICATION

Date of Notification: 10/19/94  
 Date of Revision(s): 11/20/94  
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff- 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

NOV 23 1994  
 AIR TOXICS AND RADIOACTIVE  
 DIVISION

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1  
 Location Address: 3001 Miller Rd  
(see attached map)  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 283,000 No. of Floors: 7 Floor No.: 3rd  
 Age: 75 Present Use: Powerhouse Prior Use: Powerhouse  
 Specific Location(s) Within Facility: 3rd floor, balcony  
east side of Boiler #3

## 2. PROJECT SCHEDULE

### \* Renovation: Start Date:

End Date: \_\_\_\_\_

### + Asb. Removal: Start Date:

End Date: \_\_\_\_\_

### + Demolition: Start Date:

End Date: \_\_\_\_\_

### Encapsulation: Start Date:

End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week

Work Hours

Asb. Removal: Mon-Fri 8am-4pm

Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

## 10. IS ASBESTOS PRESENT?

Yes ☒

No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

**PROJECT DESCRIPTION**

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

EMERGENCY RENOVATIONS: Date and hour of the emergency:

Description of the sudden, unexpected event:

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:

I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

Date

Signature of Owner or Demolition Contractor

Date

7. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,  
40 CFR, Part 61,  
Subpart M

Mail to: Asbestos Coord. DNR, AQD

Town Center, Ste. B, #200

333 S. Capitol

Lansing, MI 48933

NESHAP Projects in Wayne Co.:

Wayne Co. Health Dept., APCD

640 Temple, Suite 700

Detroit, MI 48201

U.S. EPA, Region 5

AND AT-18J, Asbestos Coord.

77 W. Jackson Blvd.

Chicago, IL 60604

Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended

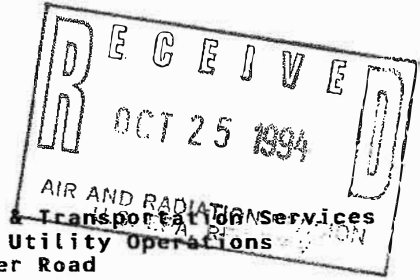
Mail to: MDPH, DOH-ASBESTOS PROGRAM.

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195

Lansing, MI 48909

(517) 335-9482



**Body & Assembly Operations**

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

October 19, 1994

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal of asbestos during two renovations at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fred Vitale  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 10/19/94  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

#### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECTSCHEDULE

\* Renovation: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

+ Asb. Removal: Start Date: 11/1/94

End Date: 11/15/94

+ Demolition: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Encapsulation: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Mon-Fri 8am-4pm

Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1

Location Address: 3001 Miller Road

(see attached map)

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd

Age: 75yr Present Use: Powerhouse Prior Use: Powerhouse

Specific Location(s) Within Facility: 3rd floor, Balcony

east side of Boiler #3

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill

Location Address: 17005 Oakwood Blvd.

City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.

Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)  
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If

analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 10/14/94  
Signature of Owner or Abatement Contractor Date

\_\_\_\_\_  
Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature]  
Signature of Building Owner or Lessee

\_\_\_\_\_  
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,  
40 CFR, Part 61,  
Subpart M

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

U.S. EPA, Region 5  
AND AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909 (517) 335-9482

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 10/19/94  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

#### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECTSCHEDULE

\* Renovation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 + Asb. Removal: Start Date: 11/1/94 End Date: 11/7/94  
 + Demolition: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week: Mon-Fri Work Hours: 8am-4pm  
 Asb. Removal: \_\_\_\_\_  
 Demolition: \_\_\_\_\_  
 Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>16</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
<u>80</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: F. Vitale Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powhouse No. 1  
 Location Address: 3001 Miller Road  
(see attached map)  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2nd  
 Age: 75 Present Use: Powhouse Prior Use: Powhouse  
 Specific Location(s) Within Facility: #5 generator back stop valve

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☒ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Fred White    10/19/94  
 Signature of Owner or Abatement Contractor    Date

\_\_\_\_\_  
 Signature of Owner or Demolition Contractor    Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1988, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Fred White  
 Signature of Building Owner or Lessee

\_\_\_\_\_  
 Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
 Town Center, Ste. B, #200  
 333 S. Capitol  
 Lansing, MI 48933

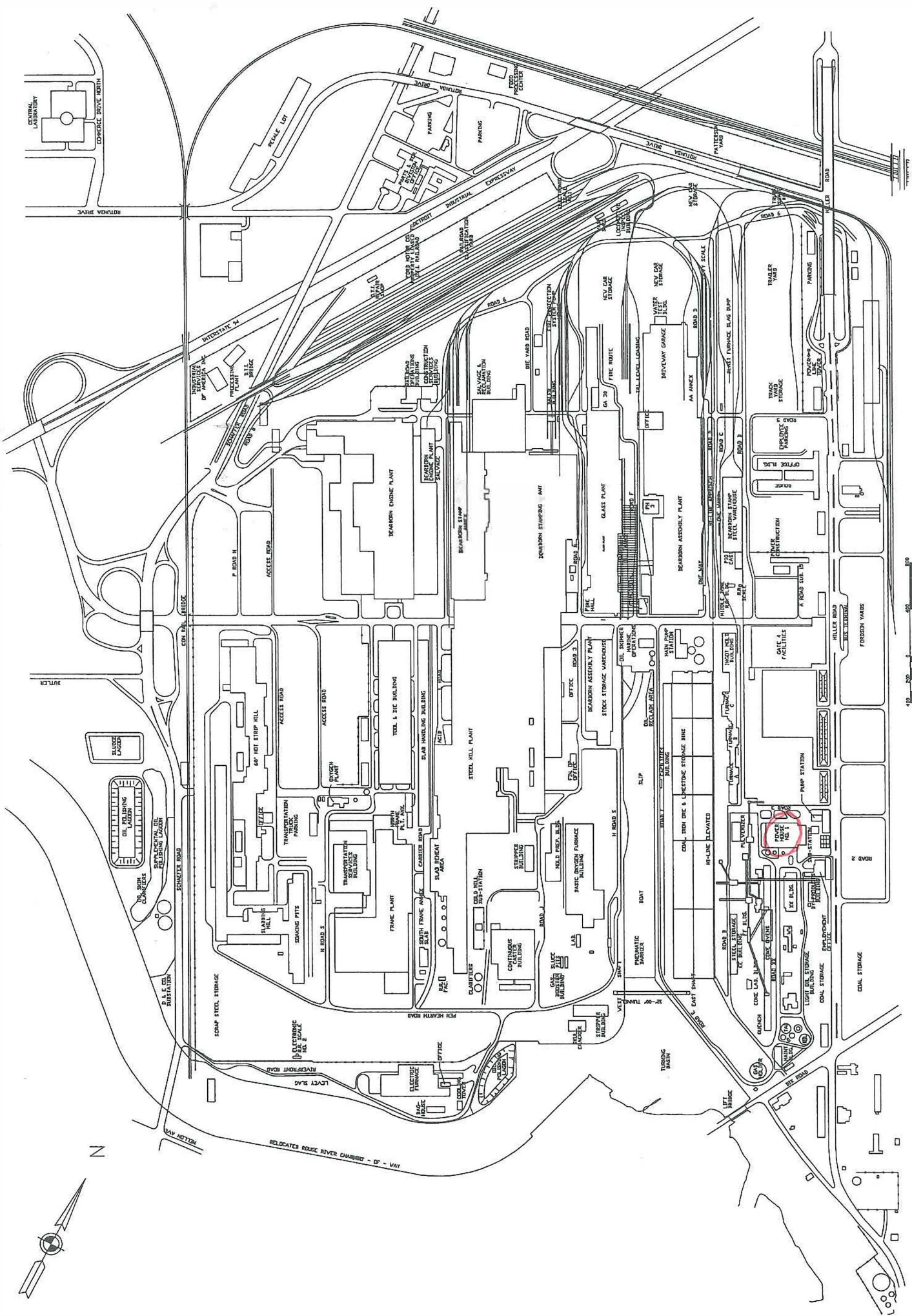
**NESHAP Projects in Wayne Co.:**  
 Wayne Co. Health Dept., APCD  
 640 Temple, Suite 700  
 Detroit, MI 48201

**AND** U.S. EPA, Region 5  
 AT-18J, Asbestos Coord.  
 77 W. Jackson Blvd.  
 Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
 3423 N. Logan/Martin L. King Jr. Blvd.  
 P.O. Box 30195  
 Lansing, MI 48909    (517) 335-9482





Rouge Complex, 1994